

# Worksheet for the Annual Immunization Report On Children Enrolled in Child Care Centers

(Side 1)

Page _____ of _____		List all Children Ages 2 years through 4 years - 11 months																							
VACCINE DOSE SUMMARY		Check the <u>last</u> dose of each vaccine received*																							
		F-UP Needed	POLIO DOSES				DTP/Td DOSES					MMR <sup>1</sup>		HIB <sup>1</sup>		HEP B				VARICELLA <sup>2</sup>		EXEMPT			
NAME OR I.D. OF CHILD	DOB			0	1	2	3+	0	1	2	3	4+	0	1+	0	1+	0	1	2	3+	0	1+	med	pers	
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SUBTOTAL (If Applicable)																									
GRAND TOTAL																									

<sup>1</sup>Count as 1+ only if vaccine given **on or after the first birthday**.

(over)

<sup>2</sup>One dose of varicella vaccine or physician-documented varicella (chickenpox) disease is required by law for children ages 18 months and older effective 7/1/01.

If a child has received the vaccine or has physician-documented varicella (chickenpox) disease, check the varicella 1+ column.

\*Mark a '1' under last dose received if using MS Excel workbook to autosum

Worksheet for the Annual Immunization Report  
On Children Enrolled in Child Care Centers

(Side 2)

Page _____ of _____		List all Children Ages 2 years through 4 years - 11 months																						
VACCINE DOSE SUMMARY		Check the <u>last</u> dose of each vaccine received*																						
		F-UP Needed	POLIO DOSES				DTP/Td DOSES					MMR <sup>1</sup>		HIB <sup>1</sup>		HEP B				VARICELLA <sup>2</sup>		EXEMPT		
NAME OR I.D. OF CHILD	DOB			0	1	2	3+	0	1	2	3	4+	0	1+	0	1+	0	1	2	3+	0	1+	med	pers
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SUBTOTAL																								

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If a child has received the vaccine or has physician-documented varicella (chickenpox) disease, check the varicella 1+ column.

\*Mark a '1' under last dose received if using MS Excel workbook to autosum